



Project Rewire

## **Student Application**

### **About Us**

Project Rewire is an initiative established by three nonprofit organizations in Athens, Georgia in 2017. Project Rewire is dedicated to empowering youth of Athens, Georgia, by rewiring the way they see themselves and their future.

Project Rewire takes a holistic approach to developing youth in disenfranchised communities by impacting aspects of their school, home and community environments. The program uses innovative, fun and relatable approaches to reach students within environments that contribute to creating the individual youth.

Project Rewire is dedicated to working with youth from middle school to their post-secondary education.

### **Our Mission**

Our mission is to rewire the way youth see themselves, rewire the way youth envision their future, and rewire the way the community views the youth.

### **About the Program**

We are inviting sixty students to join the Project Rewire initiative. The programs begin February 2018 and will be evaluated every year base on student's participation and interest. We ask that students who are selected to make a commitment to attend our weekly, monthly, quarterly and annual events/programs/community service.

## To Get Involved

To get involved, please fill out and submit by February 5, 2018:

1. This application form must be signed by a parent or guardian;
2. Applicant and parent/guardian must attend the following informational sessions:
  - a. Monday, February 5, 2018 & Thursday, February 15, 2018  
Athens Community Career Academy  
440 Dearing Extension  
Athens, Georgia  
**5:30 – 7:00 pm**
3. Make a commitment to attend all activities on a regular basis;

Please note that information provided in this application may be shared with Project Rewire officers and youth coaches who will work directly with students.

The deadline for submitting this application is February 5, 2018. Please contact us if you have any questions!

[http://projectrewireathens@gmail.com](mailto:projectrewireathens@gmail.com)

**Project Rewire Student Application**  
*2018 - 2019*

**Please Print Clearly**

Name of Student-Applicant: \_\_\_\_\_

Home Phone of Student-Applicant: \_\_\_\_\_

Cell Phone of Student-Applicant: \_\_\_\_\_

Nickname/ Name Applicant goes by: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

Student will receive T-shirt. Please circle size:

S      M      L      XL      XXL

Please list all allergies, dietary restrictions, and/or medications and illnesses which you think we should be aware of in case of an emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**First Parent/Guardian's Contact Information:**

Parent/Guardian: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Second Parent/Guardian's Contact Information:**

Parent/Guardian: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**To be filled by Student-Applicant:**

- 1. How did you learn about Project Rewire?**
- 2. What do you want to be when you grow older?**
- 3. Please tell us why you wish to participate in Project Rewire? What do you hope to gain from it?**
- 4. What are your academic and extracurricular interests?**

## PROJECT REWIRE AGREEMENT

### Note to parents:

Please review the following points in the Project Rewire Agreement with your child. Make sure your child understands that by signing below he/she is agreeing to participate in activities and cooperate with the underlying purpose of the program. We ask that parents talk with their children to be certain of their desire to attend and to participate fully before registering them.

### Agreement for those who wish to attend:

If you attend this program, do you agree to (please check all that apply):

Meet the mandatory requirement of activities.

Be active and an engaged participant in the program.

Allow Project Rewire coaches to visit students at school and develop academic/behavior goals for students to achieve if needed. If in agreement, please write a letter to be on file at the designated school your child attends.

Submit copy of progress report and report cards each semester

Parents please list any areas you'd like for your child to focus on (ie: behaviors, academics, anger, social interaction, etc).

---

---

---

**Student Name:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_